

DOCUMENT RESUME

ED 126 627

EC 090 502

AUTHOR

Clary, Sonja

TITLE

Diagnosis and Prescription for L.D. Problems of E.D. Adolescents Within a Residential Treatment Center.

PUB DATE

Jan 75

NOTE

13p.; Paper presented at the International Federation of Learning Disabilities (2nd, Brussels, Belgium, January 3-7, 1975)

EDRS PRICE

MF-\$0.83 HC-\$1.67 Plus Postage.

DESCRIPTORS

Academic Achievement; Adolescents; Behavior Change; Diagnostic Teaching; Emotionally Disturbed; Exceptional Child Education; *Individualized Instruction; Learning Disabilities; *Multiply Handicapped; *Program Descriptions; *Remedial Instruction; Residential Programs; *Student Evaluation; Tutoring

ABSTRACT

A total education program involving evaluation, remediation, and tutoring has been developed at a residential treatment center for emotionally disturbed adolescents. An educational evaluation is given to all students upon entrance to the center and usually includes both formal and informal tests on auditory perception, fine motor abilities, and academics. Individual instruction for teachers during school hours and a remediation program administered by child care workers before and after school are provided for children with specific learning disabilities. To obtain the best results in terms of behavioral and educational objectives, the child's needs are assessed on an individual basis and behavioral contracts are made according to those needs. (SB)

* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *

ED126627

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

DIAGNOSIS AND PRESCRIPTION FOR L.D.
PROBLEMS OF E.D. ADOLESCENTS WITHIN
WITHIN A RESIDENTIAL TREATMENT CENTER

Sonja Clary
18691 Linden Ave.
Grayslake, IL 60030

ECO 90502

DIAGNOSIS AND PRESCRIPTION FOR L.D. PROBLEMS OF E.D. ADOLESCENTS WITHIN A RESIDENTIAL TREATMENT CENTER

Sonja Clary, 18691 Linden Ave.
Grayslake IL 60030

As pressures within our society continue to increase, we are forced to become more cognizant of individual problems and needs of children within the community and school setting. School systems are gradually becoming involved in programming for the child with social and emotional difficulties. Some states, such as Illinois, already have Mandatory Special Education for children ages three through twenty-one. They offer many programs among which are educational day programs for the emotionally disturbed. These students remain in the home setting and attend special classes and/or receive therapy. However, there are other groups of children who are in greater difficulty. These individuals not only have severe emotional problems, but lack a home setting. They are too disturbed to be able to remain in an orphanage or foster home but need a residential treatment center. Although the emphasis within such a program is the emotional needs of the individual, an educational program not only must be provided but may prove to be instrumental in the success of the treatment plan. As has been noted by authorities in both Learning Disabled (L.D.) and Emotional Disturbed (E.D.) (Cruickshank, Bentzen, Ratzberg, and Tannhauser, 1961; Hewett, 1968; Kirk and Bateman, 1962; Morse, Cutler, and Fink, 1964), E.D. children often also evidence learning disabilities. Consequently, any educational program designed for E.D. students must take into account the possibility of specific learning problems.

This article will present the total education program (evaluation, remediation, tutoring) designed for each student in

a residential treatment center for emotionally disturbed adolescents.

Special attention will be given to the child who evidences specific learning problems whether he meets the technical definition of a learning disabled child or not.

The residential center to be discussed is near a large metropolitan area. All of the residents are wards of the State (whether permanent or temporary) and have been placed in the center due to severe emotional difficulties. Some may have been in foster homes or other residential facilities prior to referral.

Some are placed directly from the home after guardianship has been awarded to the State. Consequently, the varieties of backgrounds and problems are as multitudinal as the number of residents. Although delinquency is a frequent part of the history, placements are not made for that reason alone. Specific etiology may be determined before or after placement but behavioral systems must be severe enough to warrant such a placement. It must be noted that the educational programs to be designed are for students whose life goals differ from those of middle class youngsters. In general, education will be geared toward vocational programming and survival. Of main importance, of course, will be the emotional stability of each individual so that he can function within society. It should also be noted that he can function within society. It should also be noted that medicals, psychologicals, and psychiatric examinations are completed apart from the educational evaluation. The multi-disciplinary approach is utilized for diagnosis and treatment as much as possible.

EVALUATION

All students receive an educational evaluation upon entrance

to the center. It should be noted that residents may stay only three to six months or may remain at the center for a year or more. This necessitates an efficient diagnostic procedure. The amount of information available from previous placements and the student's cooperation determine the extent of the initial evaluation. Before any testing is begun, initial contact is usually made with the student within the residence or recreational setting. When feasible, some testing is begun immediately. During the past two years, there have been very few students who have overtly or covertly resisted the evaluation. Although no single factor is responsible for this, it is thought that the fairness and honesty with which the students are treated in a non-threatening situation attributes to their cooperation. Each is informed that the examiners are trying to find out what is easy and what is difficult for them so that their program can be designed to meet their needs and interests. In most cases, the students have been in several institutions prior to the center and often the openness is a new refreshing approach for them.

The test battery itself consists of formal, informal, and parts of tests and usually requires three to four hours to administer, although not necessarily in one setting. It is designed to check many learning modalities so that combination of input and output are not overlooked and so patterns of difficulties may be established. In addition, academic readiness or performance is ascertained. Although standarized tests are part of the evaluation, they may be used for additional purposes other than those originally intended by adding specific observations in terms of testing behavior and functioning.

The following test structure is typical of that involved in

the educational evaluations.

Auditory Channel of Learning

1. Auditory Discrimination Test by Joseph Wepman. This is a basic discrimination test of similar sounds. Although this test is designed for younger children, it has proven useful at the center with the older children who have auditory problems. However, it is used only as a screening device and must be given when the child is comfortable with the testing situation and therefore cooperative.
2. Detroit Tests of Learning Aptitude by Harry Baker and Bernice Leland. Specific subtest are given to help determine auditory difficulties. It is true that many E.D. children exhibit auditory memory problems due to their lack of auditory attention. At the center, by utilizing several checks of the same process and coordinating testing information with behavior in the residence, hopefully this is avoided. Both Auditory Attention Span for Related Syllables and Auditory Attention Span for Unrelated Words are subtests used to check auditory memory. The Related Syllables involves sentences which may give a comprehension type clue (syntax) and Unrelated Words is memory of individual words. Oral Directions presents a visual stimuli to observe while auditory directions are given. The child is observed closely to help determine whether the clue words which are directional in nature are the problem rather than memory. If it is suspected that the child does not understand 'next to', 'under', etc., spatial relationships will be checked further at all levels of learning. Many youngsters may exhibit a difficulty with visual or auditory memory. However, when both clues are given simultaneously, performance improves markedly. Another important observation to be made during this subtest is for the lack of differentiation which hinders handwriting. Oral Commissions requires the student to follow through motorically after auditory (verbal) clues have been given. Some students will be unable to move correctly but can still verbalize what they are to do. They forget when they become involved with movement.
3. Group Diagnostic Reading Aptitude and Achievement Tests by Marion Monroe and Eva Sherman. The Letter Memory subtest reveals not only memory but also the student's ability to write. Often by comparing the auditory memory subtests on the Detroit with this subtest, the handwriting problem or lack of it becomes clear. The Orientation and Discrimination subtest is utilized in conjunction with the Wepman for auditory discrimination. For many of the children, a marker must be utilized during this subtest so that only one row of Xs is visible at a time. This eliminates visual distractability.
4. Some subtests of the Durrell Analysis of Reading Difficulty by Donald Durrell such as Sounds and Phonetic Spelling may be utilized if though to provide additional information. The Informal Educational Survey utilized at the center also gives auditory information but is designed basically to assess academic readiness.

Fine Motor Abilities

1. Detroit Tests of Learning Aptitude. Motor Speed allows the examiner to observe the child utilizing a pencil but not writing. He has only to make Xs in circles as quickly as possible. Students seem to enjoy this and appear not to be threatened by the timing.
2. Group Diagnostic Reading Aptitude and Achievement Tests. Cross-ing-Out-Letters requires only a slacking through of a specific letter. Not only is fine motor control observed but also visual figure-ground (finding the letter) and letter recognition. The Copying Text subtest requires the student to copy a paragraph. Again loss of place and letter formation as well as fine motor control is observed.

It should be noted that all subtests involving writing or manipulation of objects are observed in terms of fine motor coordination.

Academics

1. Wide Range Achievement Test by J.F. Jastak, S.W. Bijou, and S.R. Jastak. The reading section which analyzes sight vocabulary or how the child attacks new words is administered. All pronunciation are noted to aid in determining patterns of learning. The spelling section requires a child to write a word given orally. Writing is observed. If the motor problems are too great, the child is allowed to spell the word orally. The arithmetic section often has to be given on another sheet of paper other than the test booklet due to the closeness of the problems on a page. For the older children all problems are given visually and require a written computational response. All three subtests are used as screening devices. Depending on the child's performance, either an Informal Educational Survey or the Durrell Reading Test is given. Arithmetic and spelling may also be further evaluated by the use of the Informal Survey or the Group Diagnostic Reading Aptitude and Achievement Tests.
2. The Durrell Analysis of Reading Difficulty yields an Oral and Silent Reading grade level as well as a Listening Comprehension score. Between the grade level, interest level, and observations of how the student reads, a basic starting point is established for the teacher to utilize. If the reading level is at grade two or below, the Informal Survey is used for assessing reading readiness.
3. Language is assessed by observation of the child in spoken and written communication. The Language section of the Group Diagnostic Reading Aptitude and Achievement Tests which assesses vocabulary may also be administered. It should be noted that most of the students' language is poor but difficulties appear to be due to cultural factors rather than to specific learning problems.

The above discussed testing battery is utilized with most students who are referred to the center. Occasionally additional or substitute tests may be necessary. All evaluative material is analyzed according to incoming (input) and outgoing (output) information--how the questions are presented and how the child is requested to respond. Another important factor to be noted is what is expected as a prerequisite for certain subtests. Does the child understand the question? The test battery has been explained in terms of its usage for the type of child at the center. It is not suggested as the one way to use these tests for all children. Liberties are taken with scoring and some requirements so as best to obtain the child's maximum performance.

REMEDIATION AND TUTORING

With each new resident there is an adjustment period which usually affects classroom behavior. Teachers are well aware that they first must "establish rapport" before they can expect any work from the student. Socialization and attention span as well as interest levels are major classroom considerations. However, the evaluation plays an important role by giving the teacher the necessary information to help understand the educational needs of each individual. The prescription, which is devised after testing, lists strengths and weaknesses in terms of learning channels (specific learning disabilities), Levels in academic areas, and the most appropriate manner in which to approach teaching taking behavior into account. For the children who exhibit specific learning disabilities, an L.D. teacher works with them individually several times each week. In addition, this work is coordinated with all teachers who deal with the child. Since no parents are available for aid, the child care workers are utilized to follow

through with remedial techniques before and after school hours as emphasis is upon 24 hour remediation. The program attempts to deal with the whole individual rather than segmenting him into parts such as home, school, therapy etc. Classroom compensations are utilized to help relieve the frustration of the student while remediation is taking place. For example, a child who has difficulty with differentiated movement which has affected his handwriting would be given alternative ways (compensations) to finish his work. He may use a tape recorder, underline or circle answers, or write a few words rather than a sentence or paragraph. He may also utilize large lined paper, a felt tipped pen, and/or a pencil grip to ease tension. In order to eventually alleviate the problem of differentiation movement specific activities would be developed by the L.D. teacher and recreational staff. Another area which frequently needs remediation is visual figure-ground. In the classroom, the student would probably need a desk or table organizer so he did not lose his books or materials. Small amounts of work would be given on a page so he would not be overwhelmed. The student would still be required to do the amount of work of which he was capable, but it would be presented in small amounts. For some children, only one arithmetic problem would be presented visually at a time. These same children may need to use a marker in reading or even have the whole page blocked out except for a few words or one line. These compensations allow the student to function in the classroom. Again remediation by the L.D. teacher and other staff members would be done.

Keeping in mind the life goals for the residents, all classes are geared toward interests and needs of the students. There are approximately 5 male or female adolescents in each class with a

teacher and an aide. A typical schedule for a student would contain the following classes: Skills and Skits (reading and English), Job Skills and Survival (arithmetic), Arts and Crafts (music and drama, too), and physical education including swimming twice per week. Choices would then be possible for Current Events (social studies), home economics and industrial arts. All classroom work especially in the tool subjects, is tutorial in nature as all programs are individualized. Each student is worked with by the teacher and/or aide at his level of performance and goals are altered daily depending on progress both academically and behaviorally. Most students change classes at the end of each period as in any junior high school program. However, some students cannot change classes and need the structure of a self contained room. These students remain with one teacher for two of the three morning periods. Then the teacher rather than the students move from class to class. The same may be true of the afternoon program. It should be noted that each group has physical education during the morning daily so every student has time to use pent up energy. A time out room is available during the day for explosions that cannot be handled in the classroom. Additional child care workers and the school principal are available to aid with specific explosive behavior. The Social Service team is responsible for behavior therapy and in-service training of staff members which is an integral and on-going part of the educational program.

In order to obtain the best results in terms of behavioral control and educational development, a structured approach is utilized with the residents. However, the structure is very flexible. It involves the setting of guidelines so that the child knows what the goal is, when he has reached it, and to what extent he has been

successful. Some youngsters cannot function in class or in the residence without a written chart that can be checked off as work is completed. Others require a lesser degree of organization to perform. The child's needs are assessed on an individual basis and behavioral contracts are made with the student according to his needs. The child care staff is a very important part of the structure for each student. If behavioral controls and educational programming are not consistent throughout a child's day, confusion results and performance deteriorates. This is a constant problem in any institutional setting that utilizes several shifts of personnel. Homework is a part of this structure and consistency for which the child care workers are responsible. In most cases, this work involves specific learning games such as a visual memory game for a child with that deficit. Consequently, the remedial process for L.D. problems can continue throughout the day. It is most important that the information about learning be shared with all staff members who work with an individual. A child with a specific memory or figure-ground problem needs understanding of his difficulty so he is not punished for behavior resulting from his problem.

As can be seen from the above discussions, working with children in any residential setting is a combined effort. This is especially true when dealing with youngsters who have emotional and learning problems. The educational program encompasses a good deal of the students' time and must be coordinated with the residential and recreational areas in order to benefit the children most. The original educational evaluation gives clues not only for school but for all areas of the program. The amount of success of each student depends upon how well the total staff can coordinate

its efforts on behalf of the child. The only evaluative criteria which has so far been utilized with the program is the success observed with students.

BIBLIOGRAPHY

Cruickshank, W.M., Bentzen, F., Ratzeberg, F., Tannhauser, M.A. Teaching method for brain injured and hyperactive children: a demonstration pilot study. Syracuse University: Special Education and Rehabilitation Monograph Series, 1961.

Hewett, S.M. The emotionally disturbed child in the classroom. Boston: Allyn & Bacon, 1968.

Kirk, S.A., Bateman, B. Diagnosis and remediation of learning disabilities. Exceptional Children, 1962, Vol. 29, 73-78.

Morse, Cutler, Fink. Public school classes for the emotionally handicapped: a research analysis. Arlington, Virginia: The council for Exceptional Children, 1964.

TESTS

Baker, H., Leland, B., Detroit Tests of Learning Aptitude. Indianapolis: Bobbs-Merrill Company, Inc., 1959.

Beery, K., Buktenica, N. Developmental Test of Visual-Motor Integration. Chicago: Follett Publishing Co., 1967.

Durrell, D. Durrell Analysis of Reading Difficulty. New York: Harcourt, Brace & World, Inc., 1955.

Jastak, J.F., Bijou, S.W., Jastak, S.R. Wide Range Achievement Test. Wilmington, Delaware: Guidance Associates of Delaware, Inc., 1963.

Monroe, M., Sherman, E.E. Group Diagnostic Reading Aptitude and Achievement Tests. Bradenton, Florida: C.H. Nevins Printing Co., 1966.

Wepman, J. Auditory Discrimination Test. Chicago: Author, 1973.